

## Proposal Cover Page

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Name of Bidding Firm (*Legal name as it will appear on the contract*)

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Mailing Address (*Street address, P.O. Box, City, State, Zip Code*)

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**Person authorized to act as the contact for this firm in matters regarding this proposal:**

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

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**Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:**

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

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**(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this bid on behalf of the Board:**

Printed Name (*First, Last*):

Title:

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**Signature of Bidder or Authorized Representative**

**Date:**

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**Required Attachment / Certification Checklist**

Use this to create your Checklist. Do not re-name this form. The first section lists the Qualification Requirements. The second and third sections list Proposal Content requirements.

<b>Qualification Requirements. I certify that my firm meets the following requirements:</b>		<b>Confirmed by DHS</b>
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least three consecutive years of experience of the various service types listed in Item 1 of the RFP section entitled, "Qualification Requirements." That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>(Corporations)</b> My firm is in good standing and qualified to conduct business in California. <b>[Check "N/A" if not a Corporation.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>(Nonprofit Organizations)</b> My firm is qualified to claim nonprofit status. <b>[Check "N/A" if not a nonprofit organization.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 8). <b>[Check N/A if your total bid is under \$10,000.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm will supply, before contract execution, proof of self-insurance or copies of insurance certificates showing proof of general liability and/or automobile liability insurance as stipulated in Item 8 of the RFP section entitled, "Qualification Requirements".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Technical Proposal format and content.</b>		<b>Confirmed by DHS</b>
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Proposal format requirements and my firm submitted one original Technical Proposal and five (5) copies. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary section (3 pages or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Cost Proposal Section	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Required Attachment / Certification Checklist

Forms section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 11, Cost Proposal form. Form is signed. Corrections, if any, have been initialed. All cost figures have been double-checked for accuracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Required cost justification and documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>(Corporations)</b> Copy of a Certificate of Status issued by California's Office of the Secretary of State or a copy of the firm's <u>active</u> on-line status information from the California Business Portal website. Explain if the required document cannot be attached. <b>[Check "N/A" if not a corporation.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>(Nonprofit Organizations)</b> An IRS determination letter proving my firm's eligibility to claim nonprofit and/or tax exempt status. <b>[Check "N/A" if you are not claiming nonprofit status.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	An organization chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Copies of financial statements for the past two years or most recent 24-month period (i.e., annual income statements and quarterly/annual balance sheets).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Resumes of the Proposer's professional staff (i.e., managers, supervisors, technical experts) who will play a major administrative, policy or consulting role in carrying out the project work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Resumes for each pre-identified subcontractor or independent consultant, if any, which will serve a major role in performing the services. <b>[Check "N/A" if you will not use subcontractors or consultants or if you have not pre-identified any such entities.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Letters of agreement, signed by each pre-identified subcontractor and independent consultant or applicable explanation. <b>[Check "N/A" if you will not use subcontractors or consultants or if you have not pre-identified any such entities.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proof that no prohibited conflicts of interest exist via Attachment 13 with applicable documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Required Attachment / Certification Checklist

Form section with the following attachments / forms:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 3, Proposer Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 4, Proposer References	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5, RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 6, CCC 103 - Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Payee Data Record. <b>[Check "N/A" if you have had a prior contract with DHS.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Actual DVBE Participation (Attachment 8a) and DVBE certifications for each subcontractor or supplier listed. Complete this form according to the instructions in Attachment 8 if you attained partial or a full 3% DVBE participation. <b>[Indicate "N/A" if you achieved zero participation and chose to complete the good faith effort form or indicate "N/A" if the proposed cost for the entire contract term is under \$10,000.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Good Faith Effort (Attachment 8b) and applicable GFE documentation. Complete this form if you did not attain a full 3% DVBE participation. <b>[Check "N/A" if you achieved a full 3% DVBE participation and submitted Attachment 8a or check "N/A" if the proposed cost for the entire contract term is under \$10,000.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9, Target Area Contract Preference Act Request. <b>[Check "N/A" if you are not applying for TACPA preference.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 10, Enterprise Zone Act (EZA) Preference Request. <b>[Check "N/A" if you are not applying for EZA preference.]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm:		
Printed Name/Title:		
Signature		Date:

### Proposer Information Sheet

Our inclusive cost proposal is attached. A signature affixed hereon and dated certifies compliance with all bid requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Firm:		CA Corp. No. (If applicable)	Federal ID Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box	City	State	Zip Code

**Type of Business Organization / Ownership (Check all that apply)**

<b>Ownership</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	<b>Corporation</b> <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>Governmental</b> <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California)  <input type="checkbox"/> Other: _____	<b>Other Type of Entity</b> <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> Other: _____
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**California Certified Small Business Status**    ☐ N/A    ☐ Microbusiness    ☐ Small business

☐ Certified By DGS    Certification No: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter.    If an application is pending, date submitted to DGS: \_\_\_\_\_

**Small Business Type (If applicable)**    ☐ N/A    ☐ Services    ☐ Non-Manufacturer    ☐ Manufacturer

☐ Contractor (Construction Type): \_\_\_\_\_    ☐ Contractor's License Type: \_\_\_\_\_

**Veteran Status of Business Owner**    ☐ N/A

☐ Disabled Veteran Certified by DGS    Certification No. \_\_\_\_\_    Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter.    If an application is pending, date submitted to DGS: \_\_\_\_\_

**Disadvantaged Business Enterprise Status:**    ☐ N/A    ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

**Race/Ethnicity of Business Owner**    ☐ N/A    ☐ Black    ☐ Hispanic    ☐ Non-Minority or Caucasian

☐ Asian Indian    ☐ Pacific Asian    ☐ Native American    ☐ Other \_\_\_\_\_

**Sex of Business Owner**    ☐ N/A (Not independently owned)    ☐ Male    ☐ Female

**Indicate applicable licenses and/or certifications possessed:**

Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Printed/Typed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

### Public Records Information

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Department of General Services and possibly other public agencies. To access your contract related records, contact the Contract Management Unit, 1800 3<sup>rd</sup> Street (Room 455), P.O. Box 942732, Sacramento, CA 94234-7432, telephone number (916) 322-6122.

**Proposer References**

List 3 clients served in the past 5-years for which you provided similar services. List the most recent first.

**REFERENCE 1**

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number  
(   )

Dates of service

Value or cost of service

Brief description of service provided

**REFERENCE 2**

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number  
(   )

Dates of service

Value or cost of service

Brief description of service provided

**REFERENCE 3**

Name of Firm

Street address

City

State

Zip Code

Contact Person

Telephone number  
(   )

Dates of service

Value or cost of service

Brief description of service provided

If three references cannot be provided, explain why:

**RFP Clause Certification**

I, the official named below, Certify Under Penalty of Perjury that I am duly authorized to legally bind the prospective Contractor to the certification clauses located in the RFP section entitled, "Bidding Certification Clauses". This certification is made under the laws of the State of California.

Name of Bidding Firm (Printed)	Federal ID Number
By ( <i>Authorized Signature</i> )	
Printed Name and Title of Person Signing	
Date Executed	Executed in the County of:

CCC-103

**CERTIFICATION**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

**CONTRACTOR CERTIFICATION CLAUSES**

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible

**(Required in lieu of IRS W-9 when doing business with the State of California)**

**Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.**

<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">1</div>  <b>PLEASE RETURN TO:</b>	DEPARTMENT/OFFICE	<b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  <i>(See Privacy Statement on Page 2)</i>
	STREET ADDRESS	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	

2	PAYEE'S BUSINESS NAME
<hr/>	
<hr/>	
MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i>	
<hr/>	
<i>(CITY, STATE, and ZIP CODE)</i>	

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> PAYEE ENTITY INFORMATION	<b>CHECK ONE BOX ONLY</b>		<b>NOTE:</b> State and local governmental entities, including school districts are not required to submit this form.
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <b>LEGAL CORPORATION</b>  <input type="checkbox"/> <b>MEDICAL CORPORATION</b>  <input type="checkbox"/> <b>EXEMPT CORPORATION (<i>Non-profit</i>)</b>  <input type="checkbox"/> <b>ALL OTHER CORPORATIONS</b>            FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)  <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div> </div> <div> <input type="checkbox"/> <b>PARTNERSHIP</b>  <input type="checkbox"/> <b>ESTATE OR TRUST</b> </div> </div>		
	<input type="checkbox"/> <b>INDIVIDUAL SOLE PROPRIETOR</b> SOCIAL SECURITY NUMBER      OWNER'S FULL NAME <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div>		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.

4	<p><b>PAYEE RESIDENCY STATUS</b></p>	<p><b>CHECK APPROPRIATE BOX(ES)</b></p> <p><input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA.</p> <p><input type="checkbox"/> Nonresident (<b>See Page 2</b>). Payments for services by nonresidents may be subject to state withholding.</p> <p><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</p>	<p><b>NOTE:</b></p> <p><b>a.</b> An estate is a resident if decedent was a California resident at time of death.</p> <p><b>b.</b> A trust is a resident if at least one trustee is a California resident. (See Page 2)</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>  <b>CERTIFYING SIGNATURE</b>	<b><i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i></b>		
	<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME <i>(Type or Print)</i></b>		<b>TITLE</b>
	<b>SIGNATURE</b>	<b>DATE</b>	<b>TELEPHONE NUMBER</b>

**ARE YOU A RESIDENT OR A NONRESIDENT?**

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. As estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call	1-800-852-5711
From outside the United States, call	1-916-845-6500
For hearing impaired with TDD, call	1-800-822-6268

**ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?**

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board  
Nonresident Withholding Section  
Attention: State Agency Withholding Coordinator  
P.O. Box 651 Sacramento, CA 95812-0651  
Telephone: (916) 845-4900  
FAX: (916) 845-4831

**If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.**

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**PRIVACY STATEMENT**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1 on page 1.

## DVBE Instructions / Forms

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### Disabled Veteran Business Enterprise Participation (DVBE) Information

#### **DVBE Definition** (for this document only)

- A California firm whose ownership, daily management, and operational controls meets all statutory DVBE certification requirements, as documented by the possession of a certification letter issued by the Department of General Services, Office of Small Business and DVBE Certification [OSDC](hereafter referred to as DGS).

#### **California Requirements**

- The State of California requires a three percent (3%) participation level in state contracts to further disabled veteran business enterprise (DVBE) participation in California.
- Only DVBEs, possessing a current DVBE certification issued by DGS, may be claimed for participation. Over 600 DVBE firms are presently certified.

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#### **DHS Rights / Requirements**

- Unless DVBE participation is exempted by DHS, a 3% DVBE participation level is required for all service contracts with a total value of \$10,000 or more.
- DHS reserves the right to exempt any contract from DVBE participation when it is determined to be in the Department's best interest to do so.
- DHS reserves the right to waive DVBE participation requirements at any time prior to the bid/proposal submission deadline. Said waivers may be announced by way of a faxed or written correction notice, administrative bulletin, or bid document addendum.

#### **For answers or help, dial:**

**(916) 324-0140**

- DHS reserves the right to waive "Good Faith Effort" advertising when DHS believes that bidding time lines do not permit sufficient advertising.
  - DHS reserves the right to contact bidders/proposers during the bidding/evaluation process to collect clarifying information or to request corrections, as necessary, to DVBE documentation.
  - **The accompanying instructions must be strictly followed. Failure to do so may be grounds for bid/proposal disqualification. Dial (916) 324-0140, if you have a question or need help.**
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## DVBE Instructions

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**Participation Requirements of this Solicitation**

- Each prime contractor must either achieve 3% DVBE participation or demonstrate that an adequate "Good Faith Effort" (GFE) was made to achieve DVBE participation.
  - Firms submitting bid responses with either less than 3% DVBE participation and/or a less than adequate GFE, will be deemed nonresponsive and ineligible to receive a contract award.
- 

**How to Calculate 3% Participation**

- Unless instructed otherwise in the bid document, first determine the total dollar value/amount that will be bid, then multiply this figure by 3% to determine how much of the contract budget should be spent on DVBE supplied services, labor, supplies, materials, or equipment.
- 

**How to Meet Participation Requirements**

1. ***If the prime contractor IS a DVBE***, commit to use your own workforce alone or in combination with other DVBEs to perform commercially useful services/functions equal to no less than 3% of the contract bid amount. If this fits your firm's situation, do the following:

Go to page 7. On the form entitled "**Actual DVBE Participation**", list your firm's name, the name of other participating DVBEs, complete all items, and attach a copy of the DVBE certification issued by DGS to your firm and all other participating DVBE firms.

**OR**

2. ***If the prime contractor IS NOT a DVBE***, it must commit to use or subcontract out an amount equal to 3% of the total contract bid amount to qualified DVBE service providers and/or suppliers. If this fits your firm's situation, do the following:

Go to page 7. On the form entitled "**Actual DVBE Participation**", list the proposed DVBEs, complete all items, and attach a copy of each DVBE's current DVBE certification issued by DGS.

**OR**

3. ***If the prime contractor IS NOT a DVBE, and the bid document is solely soliciting electronic data processing (EDP), information technology (IT), and/or telecommunications services, goods, supplies, equipment, and/or EDP and/or telecommunications services***, do the following:

Submit a copy of your firm's "Notice of Approved DVBE Business Utilization Plan" issued by DGS' Procurement Division (PD).

*Start right away,  
do not delay.*

*(Continued on the next page)*

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## DVBE Instructions

### How to Meet Participation Requirements (continued)

Business Utilization Plans, when allowed, must be submitted to DGS' (PD) prior to the bid/proposal submission deadline and must be subsequently approved. ***Business Utilization Plans may not be submitted in lieu of actual DVBE participation or in lieu of performing the DVBE good faith effort process for construction or non-EDP or non-IT service contracts.***

*Start right away,  
do not delay.*

Instructions and additional information about Business Utilization Plans may be obtained from:

Department of General Services – Procurement Division  
Office of Small Business and DVBE Outreach and Education  
707 Third Street, 2<sup>nd</sup> Floor  
P.O. Box 989052  
West Sacramento, CA 95798-9052

or by calling:

DGS' Receptionist at (800) 559-5529 or (916) 375-4400

**OR**

- 4. Conduct all five (5) steps of the "Good Faith Effort (GFE)"** process to show what efforts were made to achieve DVBE participation. If your firm is not a certified DVBE or your firm cannot achieve a full 3% DVBE participation level of the total contract bid amount, do the following:

Go to page 4. Follow the instructions for each of the 5 good faith effort steps. Document your firm's GFE efforts on the form entitled "Good Faith Effort" appearing on pages 8 and 9.

*(Continued on the next page)*

## DVBE Instructions

GFE Steps /  
Instructions

**Document your GFE efforts on the form in this package entitled "Good Faith Effort".**

*Do not delay until the final days before your bid is due to start this process.*

*These five steps may require 4 weeks or more to complete.*

**NOTE:**  
This is a new requirement for DHS contracts →

1. Dial (916) 324-0140, the DHS Contract Management Unit voice mail telephone line, to obtain:
  - a. A referral to another state agency that provides a list of DVBE firms, publication resources, or other information.
  - b. Assistance in completing the DVBE forms in this package.
  - c. Answers to questions about DVBE participation and/or GFE documentation requirements.
2. Contact other state AND federal agencies AND local DVBE organizations for assistance in identifying potential DVBE service providers or suppliers.
  - a. Contact one or more California state agencies. The Office of Small Business and DVBE Certification (OSDC) program of DGS qualifies as one of these contacts. Dial DGS' live operator at (800) 559-5529 or (916) 375-4940; **OR** Dial DGS' 24-hour telephone recording line at (916) 322-5060 to obtain the current DVBE Resource Packet or visit DGS' Internet site at <http://www.dgs.ca.gov/osbcr> to download the complete list of certified DVBEs.
  - b. Contact one or more local California DVBE organizations listed in the DVBE Resource Packet.
  - c. Contact the Federal Small Business Administration (SBA) for a listing of potential DVBEs via the following Internet site: <http://pro-net.sba.gov>. SBA will not accept telephone contacts. Before using a DVBE referred by the Federal SBA to meet goal participation, verify that the named DVBE is registered with DGS as a certified California DVBE.
  - d. **Enter on the form entitled "Good Faith Effort":** Date/time of contact; name of organization contacted; contact method; and telephone number, e-mail, or Internet address. As proof of contacts at Internet websites, attach a copy of each Internet website page that you visit (e.g., DGS' OSDC and federal SBA).
3. Unless GFE advertising is waived by DHS due to time constraints, advertisements for DVBE service providers, subcontractors or suppliers must be placed in at least:
  - a. One "trade" publication related to a trade or industry, **and**
  - b. One "focus" publication whose ads are specifically distributed and focused to reach DVBE firms. **OR**
  - c. One publication that qualifies as both "trade" and "focus". See the DVBE Resource Packet for a listing of applicable publications.

*(Continued on the next page)*

DVBE Instructions

**GFE Steps /  
Instructions**  
(continued)

**Document your  
GFE efforts on  
the form in this  
package entitled  
“Good Faith  
Effort”.**

*Do not delay until  
the final days  
before your bid is  
due to start this  
process.*

*These five steps  
may require 4 or  
more weeks to  
complete.*

**3c. GFE advertising instructions (continued)**

- 1) Ad placement may be specifically directed to publications that distribute their ads to businesses in the geographical areas where the work will be performed.

- 2) **Ads should appear in publications 10–14 calendar days** prior to the date your bid or proposal response is due to be submitted to DHS. Ads for DHS procurements do not need to be publicized for any specific length of time.

Give potential subcontractors/suppliers ample time (i.e., no less than 3-5 working days) to respond to your ad(s), while allowing your firm sufficient time to seriously consider each firm that responds.

- 3) **Ads should contain** information similar to the following:

[Enter your company name]  
Is seeking qualified DVBE vendors to provide  
[Enter description/list of services/supplies, etc.]  
in [Enter geographical service area/location, if applicable]  
for DHS IFB/RFP [Enter DHS IFB/RFP number or Project Name]  
Contact: [Enter your name, address, telephone number, fax number, and/or e-mail ID]  
Submit qualifications by: [date/time] or  
Submit bids by: [date/time]

- 4) Ads placed in general circulation newspapers including the *LA Times* or the *Sacramento Bee* are not acceptable.

- 5) If GFE advertising has not been waived by DHS, attach to the form entitled “**Good Faith Effort**” appearing on pages 8–9, either a copy of the ad(s) or a written description citing the exact wording of the ad(s). Indicate, in Step 3 on the Good Faith Effort form, the publication date, whether the publication is a trade publication, focus publication, or both, and whether an ad copy or written ad content is attached.

**4. Transmit direct solicitations or invitations to bid to potential DVBEs, identified in Steps 2 and/or 3, by way of mail, telephone, personal e-mail, fax, or other method.**

- a. Submit **a single sample** of one direct solicitation.

- b. If contact was by telephone, document the conversation, date of contact, person contacted, and business opportunities discussed.

*(Continued on the next page)*

## DVBE Instructions

### GFE Steps / Instructions (continued)

**Document your GFE efforts on the form in this package entitled "Good Faith Effort".**

*Do not delay until the final days before your bid is due to start this process.*

*These five steps may require 4 or more weeks to complete.*

**Participation and GFE forms appear in the pages that follow.**

### Use of Proposed DVBEs

- c. Submit a list of the DVBE firms to whom your firm transmitted direct solicitations (i.e., bidders list). Include each firm's name, address and telephone number.

5. **Show that the interested DVBE firms that responded to your ad(s) and/or direct solicitations were considered.** Bidding firms are strongly encouraged to achieve full or partial DVBE participation, when performing the GFE process.

- a. List the DVBE firms that responded to your ad(s) or direct solicitations, if any. If no responses are received, indicate "none", as instructed in Step 5 on page 9.

**For each DVBE listed in Step 5 on page 9, indicate if your firm:**

- 1) **WILL USE** the DVBE for a specific percentage amount of your bid. For each firm you will use, do the following:

List the name of these DVBEs on the form entitled "**Actual DVBE Participation**". Indicate whom the DVBE will contract with, the nature of their services or supplies, the claimed percentage of use, and their contracting tier. Attach, to this form, a copy of the current DVBE certification issued to the DVBE by DGS.

**OR**

- 2) **WILL NOT USE** the DVBE after giving consideration to such things as the DVBE's qualifications, availability, capacity to perform/deliver, location, reference checks, and/or the services offered or goods supplied, etc.

For each of these firms, indicate, in Step 5 on page 9, the business reason(s) for not choosing to use the DVBE.

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If awarded the contract, the selected contractor must faithfully use each DVBE proposed for use and identified on the form entitled "**Actual DVBE Participation**". Exceptions are only allowed if the contractor submits a Request for Substitution to the DHS Program Contract Manager and that request is subsequently granted by DHS.

Substitution instructions appear in the "Special Terms and Conditions" exhibit clause entitled "Use of Disabled Veteran Business Enterprises". A copy of this exhibit is attached to the bid document and/or will be attached to the contract.

*(Continued on the next page)*

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# ACTUAL DVBE PARTICIPATION

NAME OF DVBE FIRM PROPOSED FOR USE (Prime is to enter its own name, if the Prime is a certified DVBE)	FIRM THAT DVBE WILL CONTRACT WITH (Prime is to enter "Self", if the Prime is a certified DVBE)	NATURE OF WORK OR GOODS TO BE PROVIDED BY DVBE	DVBE % Claimed	TIER (See legend below)

**DVBE % Claimed:** Enter the percentage level of actual DVBE participation met, regardless of whether or not a full three percent (3%) of the total contract bid amount was achieved. **Do not enter percentages as a decimal or fraction**, instead round numbers to the nearest whole number. **Do Not Enter any Dollar Figures in the "DVBE % Claimed" column.** The budget sheets, if required, that are submitted in your proposal should reflect the DVBE service providers identified above, unless you are uncertain of the budget period in which the DVBE will be used.

TIER =      0 = Prime Contractor      1 = Subcontractor/Supplier to the Prime      2 = Subcontractor/Supplier to Level 1  
              3 = Subcontractor/Supplier to Level 2, etc.

**Attach to this form, a copy of the current DVBE certification** issued by DGS for each DVBE listed in the first column. If a new or renewed certification request was recently approved by DGS, but the confirming certification has not yet been received, place a footnote next to the DVBE's name and indicate on this form "Cert Pending" or "Cert To Follow".

Unless specifically indicated in the bid document, DHS will not accept state or federal business utilization plans in lieu of meeting DVBE participation and/or GFE requirements.

**If necessary or desired, this form may be photocopied or reproduced in a like form for use in your bid response.** If you choose to render a like copy by computer or other means, the instructions appearing on pages 1–6 may be omitted.

Please do not return or include in the bid response, a copy of the DVBE instructions preceding this form.

Bidding/Proposing Firm's Name	Signature	
Printed Name/Title	Date	

## GOOD FAITH EFFORT

**Steps 1 and 2**

Show the date and method of contact with DHS **and** show the contacts made with one or more other California state agencies **and** the Federal SBA **and** one or more California local DVBE organizations (see DGS' Resource Packet).

DATE OF CONTACT	TIME OF CONTACT	NAME OF AGENCY OR ORGANIZATION CONTACTED	CONTACT METHOD (Enter voice mail, internet access, or name of person contacted)	PHONE NUMBER, E-MAIL, OR WWW ADDRESS
		Dept. of Health Services		(916) 324-0140
		Dept. of General Services' Small Business and DVBE Certification	Voice mail	(916) 375-4940 (800) 559-5529
		Dept. of General Services' Small Business and DVBE Certification	Internet access **	dgs.ca.gov/osbcr
		Federal Small Business Admin.	Internet access only **	pro-net.sba.gov
			** Attach one copy of each Internet website page that you visit as proof of this portion of your good faith effort.	

**Step 3**

Show proof of advertising in one trade and one DVBE focus publication, **OR** one publication qualifying as both a trade and a DVBE focus publication. Be certain to attach the appropriate ad copies or other cited documentation.

NAME OF PUBLICATION SOURCE	PUBLICATION DATE(S)	TYPE OF PUBLICATION Check the one that applies.			COPY OF AD ATTACHED	AD CONTENT ATTACHED
		Trade	Focus	Both		

**Step 4**

Show proof that direct invitations to bid were transmitted to potential DVBEs by way of mail, telephone, personal e-mail, fax, or other method.

A. Attach, to this form, a **single sample** of an invitation to bid or solicitation that was transmitted directly to potential DVBEs. You may attach:

- One copy of the letter used to solicit bids from potential DVBEs, **or**
- One copy of the narrative content of an e-mailed invitation to bid sent to potential DVBEs, **or**
- A description of the verbal dialog with potential DVBEs, including date of contact, person contacted, and business opportunities discussed.

B. Attach to this form a copy of the DVBE bidder list. This is the list of DVBE firms to whom direct solicitations or invitations to bid were transmitted.

- Include each DVBE firm's name, address, and telephone number.

(Continued on the next page)

## GOOD FAITH EFFORT (continued)

## Step 5

Show that your firm has considered the interested DVBE firms that responded to your firm's ad(s) and/or direct solicitations. If no responses were received, indicate "none" on the first line of Column 1.

NAME OF DVBE(S) THAT RESPONDED (This column is self-explanatory)	INDICATE YOUR PROPOSED USE OF EACH DVBE (Complete the appropriate column below and show percentage use, if applicable)		REASON(S) FOR NOT CHOOSING TO USE THIS DVBE (Enter a business reason for not selecting each firm identified in Column 2B)
	COLUMN 2A Will Use ___ Percent	COLUMN 2B X = Will Not Use	
COLUMN 1			COLUMN 3
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		
	_____ %		

## Completion Instructions

For each entry in Column 2A, transfer the firm's name and claimed percentage value to the form entitled "Actual DVBE Participation". **Do not enter percentages as a decimal or fraction**, instead round numbers to the nearest whole number. Complete Column 2A, only for those DVBEs that your firm fully intends to use. An entry in Column 2A will impose an obligation on your firm to use the DVBE firm shown for the percentage value claimed.

Place an "X" in Column 2B for each interested DVBE that your firm does not intend to use.

Complete Column 3 for each "X" placed in Column 2B. In Column 3, indicate the business reason(s) for not selecting the DVBE firm.

***If necessary or desired, this form may be photocopied or reproduced in a like form for use in your bid response.*** If you choose to render a like copy by computer or other means, the instructions appearing on pages 1–6 may be omitted.

Sole authority rests with DHS to determine whether or not a bidder/proposer has successfully documented actual DVBE participation and/or whether a bidder/proposer has made an adequate GFE to achieve participation. Bidders/proposers may, at their sole option, choose to submit both forms in this package (documenting both full participation and a GFE) as insurance against a finding that the actual participation claimed is unacceptable.

Should a bidder/proposer choose to do so, it may fax its proposed DVBE participation and/or Good Faith Effort forms to DHS at (916) 323-4091 for a preliminary acceptance review, prior to submitting these forms in a bid/proposal response. Do not transmit any other bid response materials to this telephone number. Preliminary DVBE acceptance reviews will be completed within 3 working days of receipt.

Bidding/Proposing Firm's Name

Signature

Printed Name/Title

Date

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES  
DISPUTE RESOLUTION AND PREFERENCE PROGRAMS

SOLICITATION NUMBER	AGENCY/DEPT <b>Dept. of Health Services (DHS)</b>
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**Complete this form to request TACPA preferences for this bid.**

Target Area Contract Preference Act (TACPA) preferences are available only if the lowest responsible bid and resulting contract exceeds \$100,000. Your firm must be California based. You must certify, under penalty of perjury, to perform either 50% of the labor hours required to complete a contract for GOODS, or 90% of the labor hours required to complete a contract for SERVICES in the Target Area Contract Preference Act zone(s) you identify in Section I. The TACPA provides bid selection preferences of 5% for eligible worksites (Section I), and a 1% to 4% for hiring eligible workforce employees (Section II). To identify Census Tract and Block Group Numbers or acquire Maps, contact the city or county Planning Development Commission for the intended worksite.

**Section I. 5% WORKSITE(S) PREFERENCE ELIGIBILITY AND LABOR HOURS**

**Preference may be denied if you do not provide the following required information:**

- (1) Identify each and every firm to perform 5% or more of the total contract labor hours required to complete this contract.
- (2) List complete addresses for each firm named below.
- (3) Report projected number of labor hours required to perform the contract for each firm named below.
- (4) Enter the CENSUS TRACT number.
- (5) Enter the BLOCK GROUP number.
- (6) Identify the California designated TACPA worksite(s) by entering the proper Criteria letter A, B, C, D, E, F (See rev worksite qualified by Criteria C, D or F, the bidder shall attach a US Census Map showing the cited Tract/Block Group

(1) FIRM NAME and CONTRACT FUNCTION: (Manufacturing, transportation, shipping, warehousing, admin., etc.) Use additional pages, as needed, to fully report worksite information.	(2) WORKSITE ADDRESS Street Address, City, County, State, Zip Code	(3) PROJECTED LABOR HOURS	COMPLETE FOR ALL SITES LOCATED WITHIN A TACPA PREFERENCE AREA(S)		
			(4) TRACK NUMBER	(5) BLOCK NUMBER	(6) CRITERIA (A - F)
		TOTAL PROJECTED LABOR HOURS:			

## Section II. 1% TO 4% WORKFORCE PREFERENCE

**Bidders must qualify their company worksite eligibility to request an additional 1% to 4% workforce preference in Section II.**

- ☐ request a 1% preference for hiring eligible persons to perform 5 to 9.99% of the total contract labor hours.

☐ request a 2% preference for hiring eligible persons to perform 10 to 14.99% of the total contract labor hours.

☐ request a 3% preference for hiring eligible persons to perform 15 to 19.99% of the total contract labor hours.

☐ request a 4% preference for hiring eligible persons to perform 20% or more of the total contract labor hours.

### Section III. CERTIFICATION FOR WORKSITE AND WORKFORCE PREFERENCES

**To receive TACPA preferences, the following certification must be completed and signed by the Bidder.**

I hereby certify under penalty of perjury that the bidder (1) is a California based company as defined in the TACPA regulations; (2) shall ensure that at least 50% of the labor hours required to complete a contract for Goods, or 90% of the labor hours to complete a Services contract shall be performed at the designated TACPA worksite(s) claimed in Section I; (3) shall hire persons who are TACPA eligible employees to perform the specified percent of total contract labor hours as claimed in Section II; (4) has provided accurate information on this request. I understand that any person furnishing false certification, willfully providing false information or omitting information, or failing to comply with the TACPA requirements is subject to sanctions as set forth in the statutes.

BIDDER'S NAME & TITLE	BIDDER'S SIGNATURE	PHONE NUMBER (    )	DATE
		FAX NUMBER (    )	

## TARGET AREA CONTRACT PREFERENCE ACT PREFERENCE REQUEST FOR GOODS AND SERVICES SOLICITATIONS

### Target Area Contract Preference Act References and Instructions

The Target Area Contract Preference Act (TACPA), GC §4530 et seq. and 2 CCR §1896.30 et seq., promotes employment and economic development at designated distressed areas by offering 5% Worksite and 1% to 4% Workforce bidding preferences in specified state contracts. The TACPA preferences do not apply to contracts where the worksite is fixed by the contract terms. These preferences only apply to California based firms, and only when the lowest responsible bid and resulting contract exceed \$100,000. Bidders must certify, under penalty of perjury to perform either 50% (for GOODS contracts) or 90% (for SERVICES contracts) of the labor hours required to complete this contract in the eligible TACPA area work(s) identified in Section I on the reverse side of this page. TACPA preferences are limited to 9%, or a maximum of \$50,000 per bid. In combination with any other preference, the maximum limit of the combined preferences is 15% of the lowest responsible bid; and, in no case more than \$100,000 per solicitation.

#### Section I Worksite Preference Eligibility and Labor Hours

Bidders must identify at least one TACPA Worksite by entering the criteria letter A, B, C, D, E or F in the Criteria column and enter the "Census Tract" and "Block Group" Numbers to be Eligible for the preference. You must name each and every firm or site where 5% or more of the total contract labor hours will be worked. The terms Firm Name or Contract Function may include: Bidder, Shipping, Manufacturer/Processor, Transportation, Warehousing, and/or Administration. Preference request may be denied if an eligible California TACPA Worksite is not identified, or all firms doing at least 5% of the contract labor hours are not identified. Enter one Criteria letter to identify each TACPA Worksite on the reverse page. Criteria C, D & F require a census tract map to be submitted with the bid, clearly showing the census tract/block group numbers.

- A. The firm is located in a California eligible distressed area(s).
- B. The firm will establish a worksite(s) in a California eligible distressed area(s).
- C. The firm is in a census tract block with a contiguous boundary adjacent to a California eligible distressed area. Attach a map to this request, with bid submission.
- D. The firm will establish a worksite(s) located directly adjoining a valid TACPA census tract/block that, when attached to the California eligible distressed areas(s), forms a contiguous boundary. Attach a map to this request, with your bid submission.
- E. The bidder will purchase the contract goods from a manufacturer(s) in a California eligible distressed area(s). **This option applies to solicitation for goods only.**
- F. The bidder will purchase contract goods from a manufacturer(s) in directly adjoining census tract blocks that, when attached to the California eligible distressed area(s), form a contiguous boundary. Attach a map to this request with bid submission. **This option applies to solicitations for goods only.**

Enter labor hours for each listed firm and site. The hours shall be reasonable, shall only include the labor hours necessary and required to complete the contract activities. Artificially increasing hours at a claimed TACPA worksite, or understating labor hours worked outside the eligible worksite may result in a denied preference request. Do not include machine time and non-labor time when projecting contract labor hours. Report all bidder work hours and those of any subcontractor performing this contract. All transportation hours must be reported for each carrier separately and must not be combined or included with hours for manufacturing processing, or administration, or at any eligible TACPA site. Failure to list all the labor hours to be performed at the reportable sites will result in a denial of this preference request.

Bidders must also define the specific hours, by activity, for their firm's contract labor hours on the separate *Bidder's Summary* form.

Bidders must provide a manufacturer's letter that specifies the number of labor hours necessary to make the products. (Form included in this bid solicitation.) **Applies to solicitations for goods only.**

#### Section II Workforce Preferences

Eligibility to request Workforce preference is based on the bidder first claiming and receiving approval of the 5% TACPA Worksite preference. The Workforce preferences are only awarded if the bidder hires and employs the TACPA qualified individuals. **Workforce preferences will not be approved for another firm's employees.** By claiming a 4% workforce preference the bidder must have its eligible employees perform 20% of the total contract workforce labor hours. See Section I, "Total Projected Labor Hours Total," STD 830. To claim the Workforce preferences, check the appropriate box for percent of requested bid preferences in Section II.

#### Section III Certification for Worksite and Workforce Preferences

Bidder must sign, under penalty of perjury, the certification contained in Section III to be eligible for any of the preferences offered pursuant to this form. The penalties associated with the TACPA statute are: GC §4535.1, a business which requests and is given the preference by reason of having furnished a false certification, and which by reason of that certification has been awarded a contract to which it would not otherwise have been entitled, shall be subject to all of the following:

- (a) Pay to the State any difference between the contract amount and what the State's cost would have been if the contract had been properly awarded.
- (b) In addition to the amount specified in subdivision (a), be assessed a penalty in an amount of not more than 10 percent of the amount of the contract involved.
- (c) Be ineligible to directly or indirectly transact any business with the State for a period of not less than three months and not more than 24 months.

Prior to the imposition of any sanction under this chapter, the contractor or vendor shall be entitled to a public hearing and to five days notice of the time and place thereof. The notice shall state the reasons for the hearing.

**If you win an award based on these preferences you will be required to report monthly on your contract performance, labor hours, and TACPA compliance.**

For questions concerning preferences and calculations, or if a bid solicitation does not include preference request forms, please call the awarding Department's contract administrator. Only another California certified small business can use TACPA, EZA or LAMBRA preferences to displace a California certified small business bidder. To identify TACPA distressed worksite census tract and block group numbers, or acquire Maps, contact the local city or county Planning/Economic Development offices of the proposed worksite, or <http://factfinder.census.gov>. Verify the Census Tract & Block numbers for TACPA sites by calling the Department of General Services, Procurement Division TACPA line at (916) 375-4609. Additional TACPA information can be found on the following website: <http://www.pd.dgs.ca.gov/default.asp?mp=osbcr/main/main.asp>.

Enterprise Zone Act (EZA) preferences are available only if the lowest responsible bid and resulting contract exceeds \$100,000. Your firm must be California based. You must certify, under penalty of perjury, to perform either 50% of the labor hours required to complete a contract for GOODS, or 90% of the labor hours required to complete a contract for SERVICES in an eligible enterprise zone worksite(s) you identify in Section I. The EZA provides bid selection preferences of 5% for eligible worksites (Section I), and a 1% to 4% for hiring eligible workforce employees (Section II). EZA addresses can be verified or confirmed with city-county Economic Development Offices or the California Technology, Trade and Commerce Agency website <http://commerce.ca.gov/business/community/entzone.html>

Section I.  
5% WORKSITE(S) PREFERENCE ELIGIBILITY AND LABOR HOURS

**Preference may be denied if you do not provide the following required information:**

- (1) Identify each and every firm to perform 5% or more of the total contract labor hours required to complete this contract.
- (2) List complete addresses for each firm named below.
- (3) Report number of projected labor hours required to perform the contract for each named firm at the worksite.
- (4) Enter the Enterprise Zone Name.
- (5) Identify the California designated EZA worksite(s) by entering the proper **Criteria** letter A, B, or C in the **Criteria** column.

(1) FIRM NAME and CONTRACT FUNCTION: (Manufacturing, transportation, shipping, warehousing, admin, etc.) Use additional pages, as needed, to fully report worksite information.	(2) WORKSITE ADDRESS		(3) Projected Labor Hours	Complete for all sites located within the EZA Preference Area(s)	
	Street Address, City, County, State, Zip Code, Phone Number			(4) Enterprise Zone Name	(5) Criteria (A, B, C)
<b>Total projected labor hours:</b>					

## Section II. 1% to 4% WORKFORCE PREFERENCE

**Bidders must qualify their firm's worksite eligibility to request an additional 1% to 4% workforce preference in Section II.**

- ☐ request a 1% preference for hiring eligible persons to perform 5 to 9.99% of the total contract labor hours.

☐ request a 2% preference for hiring eligible persons to perform 10 to 14.99% of the total contract labor hours.

☐ request a 3% preference for hiring eligible persons to perform 15 to 19.99% of the total contract labor hours.

☐ request a 4% preference for hiring eligible persons to perform 20% or more of the total contract labor hours.

## Section III. CERTIFICATION FOR WORKSITE AND WORKFORCE PREFERENCES

**To receive EZA preferences, the following certification must be completed and signed by the Bidder.**

I hereby certify under penalty of perjury that the bidder (1) is a California based company as defined in the EZA regulations; (2) shall ensure that at least 50% of the labor hours required to complete a contract for Goods, or 90% of the labor hours to complete a Services contract shall be performed at the designated EZA worksite(s) claimed in Section I; (3) shall hire persons who are EZA eligible employees to perform the specified percent of total contract labor hours as claimed in Section II; (4) has provided accurate information on this request to receive EZA preferences. I understand that any person furnishing false certification, willfully providing false information or omitting information, or failing to comply with the EZA requirements is subject to sanctions as set forth in the statutes.

BIDDER'S NAME & TITLE	BIDDER'S SIGNATURE	PHONE NUMBER	DATE
		FAX NUMBER	

## Enterprise Zone Act References and Instructions

The Enterprise Zone Act (EZA), GC §7070 et seq., and 2 CCR §1896.100 et seq., promotes employment and economic development at designated Enterprise Zones by offering 5% Worksite and 1% to 4% Workforce bidding preferences in specified State contracts. The EZA preferences do not apply to contracts where the worksite is fixed by the contract terms. These preferences only apply to California based firms, and only when the lowest responsible bid and resulting contract exceed \$100,000. Bidders must certify, under penalty of perjury, to perform either 50% (for GOODS contracts) or 90% (for SERVICES contracts) of the contract labor hours required to complete this contract in the eligible EZA area worksite(s) identified in Section I on the reverse side of this page. EZA preferences are limited to 9%, or a maximum of \$50,000 per bid. In combination with any other preferences, the maximum limit is 15% of the lowest responsible bid; and, in no case more than \$100,000 per bid.

### Section I Worksite Preference Eligibility and Labor Hours

Bidders must identify at least one eligible EZA Worksite by entering the EZA Zone Name and the "Criteria" letter A, B, or C in sections 4 and 5 on the reverse side of this form, to be eligible for the 5% preference. In addition the bidder must name each and every firm or site where 5% or more of the total contract labor hours will be worked. The terms Firm Name or Contract Function may include: Bidder, Shipper, Manufacturer/Processor, Transportation, Warehousing, and/or Administration. Preference requests may be denied if an eligible EZA worksite is not identified, or if all firms doing at least 5% of the contract labor hours are not identified. Enter the Criteria to identify each EZA Worksite on the reverse page.

- The firm is located in a California designated Enterprise Zone(s).
- The firm will establish a worksite(s) in a California eligible distressed EZA area(s).
- The bidder will purchase the contract goods from the manufacturer(s) located in a California designated EZA area(s). **This option applies to solicitations for GOODS only.**

Show number of contract labor hours at each listed firm and site. Only include the number of labor hours necessary and required to complete the contract activities. Artificially increasing contract labor hours at a claimed EZA worksite, or understating labor hours worked outside the eligible worksite may result in a denied preference request. Do not include machine time and non-labor time in the number of projected contract labor hours. Report all bidder work hours and those of any subcontractor performing this contract. All transportation hours must be reported for each carrier separately and must not be combined or included with hours for manufacturing/processing, or administration, or at any eligible EZA site. Failure to list all projected contract labor hours to be performed at the reportable site(s) may result in a denial of this preference request.

If providing goods, the bidder must provide a *Manufacturer's Summary form* (included with this solicitation), that specifies the number of projected labor hours necessary to make the product(s).

The bidder must explain, by activity, their firms' projected contract labor hours by completing the *Bidder's Summary form* (included with this solicitation).

### Section II Workforce Preference

Eligibility to request Workforce preference is based on the bidder first claiming and receiving approval of the 5% EZA Worksite preference. The Workforce preferences are only awarded if the bidder hires and employs the EZA qualified individuals. Workforce preferences will not be approved for another firm's employees. By claiming a Workforce preference percentage the bidder must have its eligible employees perform the specified percentage of the total contract Workforce labor hours. See Section I, "Total Projected Labor Hours," form STD 831. To claim the Workforce preference, select or check the appropriate box for percent of requested bid preferences in Section II.

### Section III Certification for Worksite and Workforce Preferences

Bidder must sign, under penalty of perjury, the certification contained in Section III to be eligible for any of the preferences offered. The penalties associated with the EZA statute are: GC §7084 (g) (1), a business which requests and is given the preference provided for in subdivision (a) or (b) by reason of having furnished a false certification, and that by reason of this certification has been awarded a contract to which it would not otherwise have been entitled, shall be subject to all of the following:

- Pay to the State any difference between the contract amount and what the State's cost would have been if the contract had been properly awarded.
- In addition to the amount specified in subparagraph (A), be assessed a penalty in an amount of not more than 10% of the amount of the contract involved.
- Be ineligible to directly or indirectly transact any business with the State for a period of not less than 3 months and not more than 24 months.

Prior to the imposition of any sanction under this chapter, the contractor or vendor shall be entitled to a public hearing and to five days notice of the time and place thereof. The notice shall state the reasons for the hearing.

**If you win an award based on these preferences you will be required to report monthly on your contract performance, labor hours, and EZA compliance.**

For questions concerning preferences and calculations, or if a bid solicitation does not include preference request forms, please call the awarding Department's contract administrator. Only another California certified small business can use TACPA, EZA or LAMBRA preferences to displace a California certified small business bidder.

To locate California designated EZA sites contact the website <http://commerce.ca.gov/business/community/entzone.html> or the city or county Planning/Economic Development offices for the proposed Worksite location, or the California Technology, Trade and Commerce at (916) 324-8211. Additional information is located the following website <http://www.pd.dgs.ca.gov/default.asp?mp=.../osbcr/main/main.asp>.

### Cost Proposal Form

The undersigned proposer hereby agrees to perform the activities outlined in the Scope of Work for the rate specified and to produce the following estimated annual recoveries indicated below:

Contract Year	Time Frame	Bid Rate	Estimated Annual Recoveries
One	7/1/03 through 5/31/04	%	\$
Two	7/1/04 through 5/31/05	%	\$
Three	7/1/05 through 5/31/06	%	\$
Four	7/1/06 through 5/31/07	%	\$
Five	7/1/07 through 5/31/08	%	\$

Is the proposer claiming preference as a certified California small business or microbusiness? ☐ Yes ☐ No

Is the proposer claiming TACPA preference? ☐ Yes ☐ No

Is the proposer claiming EZA preference? ☐ Yes ☐ No

The undersigned proposer hereby affirms that the statements/claims made in this cost proposal are true and accurate to the best of the proposer's knowledge. By signing this cost proposal the undersigned hereby claims his/her willingness to certify to and comply with all requirements contained in this Request for Proposal (RFP) and all RFP attachments/forms. The undersigned recognizes that their cost proposal shall become a matter of public record upon submission and will be open to public inspection.

Name of firm: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_(\_\_\_\_)\_\_\_\_\_

Facsimile number: \_(\_\_\_\_)\_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**"Voluntary" Letter of Intent**

<b>Purpose</b>	This is a non-binding Letter of Intent whose purpose is to assist DHS in determining the staffing needs for the proposal evaluation process and to improve future procurements.
<b>Information requested</b>	DHS is interested in knowing if your firm intends to submit a proposal or your reasons for not submitting a proposal. <b>Completion of this form is voluntary.</b>
<b>Action to take</b>	Indicate your intention to submit a proposal by checking items 1 or 2 below. Follow the instructions below your selection.

1. ☐ **My firm intends to submit a proposal.**

- A. Check box number 1 if the above statement reflects your intention.
- B. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Letter of Intent".

2. ☐ **My firm does not intend to submit a proposal for this project.**

- A. Check box number 2 if the statement in item 2 reflects your intention.
- B. Indicate your reason(s) for not submitting a proposal by checking any of the following statements that may apply.
- ☐ My firm lacks sufficient staff expertise or personnel resources to meet the requirements.
  - ☐ My firm lacks sufficient experience (i.e., not enough or wrong type).
  - ☐ My firm believes the qualification requirements are too restrictive.
  - ☐ Not enough time was allowed for proposal preparation.
  - ☐ Too much paperwork is required to prepare a proposal response.
  - ☐ Other commitments and projects have a greater priority.
  - ☐ My firm did not learn about the contract opportunity soon enough.
  - ☐ My firm does not provide the full range of services that DHS is seeking.
  - ☐ My firm is only interested in becoming a subcontractor, consultant or supplier.
  - ☐ My firm cannot meet the DVBE requirements - we do not wish to subcontract any work out.
  - ☐ Too much effort and/or paper work is required to meet California DVBE requirements.
  - ☐ Insufficient time was allowed for DVBE compliance.
  - ☐ Other reason: \_\_\_\_\_

- C. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Letter of Intent".
- D. By indicating that you do not intend to submit a proposal, DHS may elect not to send your firm RFP clarification notices, RFP addenda, proposer questions and answers, or other procurement notices.

Name of Firm: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Conflict of Interest Compliance Certificate**

- A. The State and DHS intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors. Thus, the State and DHS reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a conflict of interest.
- B. The following instance would be considered a "conflict of interest", including, but not limited to any instance in the past, present or future:
1. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractors holds a position of interest, financial or otherwise, which would allow use or disclosure of information obtained while performing services for private or personal benefit or for any purpose that is contrary to the goals and objectives of the contract.
- C. If DHS is aware of a known or suspected conflict of interest, the proposer or Contractor will be given an opportunity to submit additional information or to resolve the conflict. A proposer or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by DHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by DHS and cannot be resolved to the satisfaction of DHS, before or after the award of the contract, the conflict will be grounds for the proposal to be deemed nonresponsive and/or termination of the contract.
- D. The proposer shall place this Certificate in the Appendix Section of its proposal response. This Certificate shall bear the original signature of an official or employee of the proposer who is authorized to bind the proposer.
- E. This Certificate will be incorporated into the contract, if any, awarded from this RFP. It is understood that this requirement shall be in effect for the entire term of the contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to DHS prior to approval of the subcontractor by DHS.
- F. The Contractor and each subcontractor shall notify DHS, Third Party Liability Branch, P.O. Box 1287, Sacramento, CA 95812-1287 within ten working days of any change to the information provided on this Certificate.
- G. DHS' determination of a suspected or potential conflict of interest will be based on all of the proposer's business affiliations and contractual relationships.

If the proposer has a suspected or potential conflict of interest, the proposer shall attach to this form a description of the relationship, a plan for ensuring that such a relationship will not adversely affect DHS, and procedures to guard against the existence of an actual Conflict of Interest.

**The undersigned hereby affirms that: (check one)**

- ☐ The statements above have been read and that no conflict of interest exists that would jeopardize the ability of the proposer/Contractor to perform its contractual duties free from undue influence.
- ☐ A suspected or potential conflict of interest does exist, and additional information (as described B.3. above) is attached along with a plan to address the possible conflict of interest.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type or Print Name of Authorized Representative:** \_\_\_\_\_